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SERIAL NUMBER 10/680,630	FILING DATE 10/07/2003 RULE	CLASS 174	GROUP ART UNIT 2831	ATTORNEY DOCKET NO. 427600700080										
APPLICANTS Eric G. Hull, Madison, OH; Charles H. Riedy, Lakewood, OH; Dennis P. Revlock SR., Medina, OH;														
** CONTINUING DATA *****														
** FOREIGN APPLICATIONS *****														
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/02/2004														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u> llg </u> </td> <td style="width: 15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY OH </td> <td style="width: 15%; text-align: center; vertical-align: top;"> SHEETS DRAWING 7 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 21 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between;"> Examiner's Signature Initials </div> </td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u> llg </u>	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3	Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between;"> Examiner's Signature Initials </div>				
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Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between;"> Examiner's Signature Initials </div>														
ADDRESS H. Duane Switzer Jones Day North Point 901 Lakeside Avenue Cleveland , OH 44114														
TITLE Electrical outlet box with alternative mounting flanges														
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)						
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